

# FLU IMMUNISATION CONSENT FORM

PLEASE COMPLETE USING BLOCK CAPITALS IN BLACK INK

The Q&A sheet that accompanies this form and letter tells you about the flu immunisation, why it is being offered as well as describing the disease and vaccine. If you have more questions, please contact the immunisation team on 01273 696011 x3977 or go to the NHS Choices website [www.nhs.uk](http://www.nhs.uk) (search for flu vaccine) or alternatively send an email with your questions to [sc-tr.fluvacc@nhs.net](mailto:sc-tr.fluvacc@nhs.net)

Child's full legal name ( <i>first name and surname</i> ) and preferred name if different:	Date of Birth:
	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PLEASE ALSO COMPLETE YOUR CHILD'S NAME AND DATE OF BIRTH OVERLEAF**

Home address:	Daytime contact telephone number / mobile for Parent(s) / Guardian(s)
Postcode:	NHS Number ( <i>if known</i> ):
School:	Ethnicity:
GP name and address:	Year group:
	Class name:

<i><b>If any of the answers below are a yes PLEASE ATTACH DETAILS ON A SEPARATE SHEET Please tick relevant column</b></i>	YES	NO
<b>Does your child have any <u>severe</u> allergies to egg, gentamicin or previous flu vaccination?</b>		
Is your child immunocompromised? <i>e.g. undergoing a bone marrow transplant or in isolation If so, see your GP for inactivated Influenza Vaccination</i>		
Are any of your household members currently having treatment that severely affects their immune system requiring isolation? <i>If so, avoid close contact with them for 2 week after receiving the vaccine.</i>		
Is your child taking any medication? (I.e. aspirin, inhalers, etc.) <b><u>Please give details of medication and doses overleaf (with their name and date of birth)</u></b>		
Has your child previously been identified as requiring the flu vaccine due to a medical condition?		

## Consent for Flu vaccination programme (Please complete one box only)

<p><b>YES, I CONSENT</b> for my child to receive the flu vaccine. Please tick the confirmation box below</p> <p><input type="checkbox"/> I have read and understood the information given to me about the nasal 'flu vaccine.</p> <p><input type="checkbox"/> I understand that the information provided will be shared with my GP to update my child's health records</p>	<p><b>NO, I DO NOT CONSENT</b> for my child to have the flu vaccine. Please tick reason for declining below and return form to the school.</p> <p><input type="checkbox"/> My child has had (in the past four months) or will be having the vaccine at our GP surgery.</p> <p><input type="checkbox"/> Do not feel that the vaccine is necessary.</p> <p><input type="checkbox"/> Due to a previous allergic reaction to the vaccine.</p> <p><input type="checkbox"/> Due to the contents of the vaccine.</p> <p><input type="checkbox"/> Other (<i>please state</i>) use separate sheet if necessary</p> <p>.....</p>
Full Name of Person with Parental Responsibility:	Full Name of Person with Parental Responsibility:
Signature of Person with Parental Responsibility:	Signature of Person with Parental Responsibility:
Date:	Date:

I confirm I have parental responsibility for the above named child

**Office Use – Details checked by team member:** No action required  Follow up by Nurse required

Thank you for completing this form. Please return to the school within one week of receipt

N.B The nasal vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. For more information on the flu vaccination programme, go to [www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme)

